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Loving Your Infertile Muslim Spouse

Notes on the Globalization of IVF and Its Romantic Commitments in Sunni Egypt and Shia Lebanon

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Since the birth in 1978 of Louise Brown, the world's first test-tube baby, in vitro fertilization (IVF) has spread around the globe, reaching countries far from the technology-producing nations of the West. Perhaps nowhere is this globalization process more evident than in the 22 nations of the Muslim Middle East, where a private IVF industry is flourishing. Today, IVF centers have opened in nations ranging from the small, petro-rich Arab Gulf countries such as Bahrain and Qatar, to larger but less prosperous North African nations such as Morocco and Egypt. As of 2005, Egypt boasted nearly 50 IVF centers, outstripping its high-tech neighbor Israel, with its 24 IVF centers (Kahn 2000). Yet, the tiny neighboring country of Lebanon has nearly 15 IVF centers for a population of less than 5 million, constituting one of the highest per capita concentrations of IVF centers in the world.

As I argue in this chapter, assisted reproductive technologies are not transferred into cultural voids when they reach places like Egypt and Lebanon. Rather, local considerations, be they cultural, social, economic, or political, shape and sometimes curtail the way these Western-generated reproductive technologies are offered to and received by non-Western subjects. Thus, the assumption by global producer nations that assisted reproductive technologies—as value-free, inherently beneficial medical technologies—are “immune” to culture and can thus be appropriately transferred and implemented anywhere and everywhere is subject to challenge once local formulations, perceptions, and actual consumption of these technologies are taken into consideration.

The global spread of assisted reproductive technologies provides a particularly salient but little discussed example of what Arjun Appadurai has termed a “techno-scape,” or the “global configuration, also ever fluid, of technology, and the fact that technology, both high and low, both mechanical and information, now moves at high speeds across various kinds of previously impervious boundaries” (1996:34). Appadurai reminds us that this movement of technologies around the globe is both a deeply historical and inherently localizing process. In other words, globalization is not enacted in a uniform manner around the world, nor is it simply culturally

homogenizing—necessarily “Westernizing” or even “Americanizing” in its effects. The global is always imbued with local meaning, such that local actors, living their everyday lives at particular historical moments in particular places, mold the very form that global processes take. As Akbar Ahmed and Hastings Donnan note, “It is the cultural flows between nations which above all else seem to typify the contemporary globalization process (or its current phase).” Thus, “Even though the same cultural ‘message’ may be received in different places, it is domesticated by being interpreted and incorporated according to local values” (1994:3). Similarly, as Carla Freeman (2000) reminds us, it is important to ask how third world recipients of global technologies resist their application, or at least reconfigure the ways in which these technologies are to be adopted in local cultural contexts.

This acknowledgment of the importance of locality in the global dispersion of modern biotechnologies has been a theme of much recent work in medical anthropology, particularly in the anthropology of reproduction and global reproductive health policy. Faye Ginsburg and Rayna Rapp (1995) argue that the global technoscape through which new reproductive technologies spread is an uneven terrain, in that some nations and regions within nations have achieved greater access to these fruits of globalization than others. However, Ginsburg and Rapp are quick to point out that the power to define reproduction is not necessarily unidirectional—flowing from the West, with its money and technology, to the rest of the world. Rather, “people everywhere actively use their cultural logics and social relations to incorporate, revise, or resist the influence of seemingly distant political and economic forces” (1995:1).

In the anthropology of reproduction, much of this concern with locality has to do with local moral systems, or what Arthur Kleinman (1995) has called “local moral worlds.” According to Kleinman, local moral worlds are “moral accounts, [which] are the commitments of social participants in a local world about what is at stake in everyday experience” (45). Through an “ethnography of experience,” Kleinman urges medical anthropologists to pay close attention to moral issues of spiritual pain and social suffering, which may accompany the arrival of new biotechnologies, such as IVF, around the globe.

Although the focus of Kleinman and many other medical anthropologists has been on social suffering, it is also useful to turn our medical anthropological attention to the under-examined topic of this volume, love. The goal of this chapter is to highlight the love that commits infertile couples to use assisted reproductive technologies, and the love that keeps them together when these technologies fail, as they often do. As I argue here, rapidly globalizing assisted reproductive technologies such as IVF are accompanied by loving commitments, even in an area of the world that is rarely characterized, at least in the Western media, as a loving terrain. Indeed, in the aftermath of September 11 and in the midst of a current tragic U.S.-led war in Iraq (and Afghanistan), as well as the ongoing violence between Israel and Palestine, the lack of Western understanding of the Middle East and Muslim peoples has become abundantly apparent, as have the many stereotypes of the Muslim world as a hotbed of religiously driven politics, violence, and terrorism. In this chapter, my

goal is to help unseat some of these pervasive “tropes of terrorism” by focusing instead on Muslim men and women’s everyday lives and loves in Sunni Egypt and Shia Lebanon. There, Islam, as the dominant religion, encourages science, biotechnology, and therapeutic agency in the face of illness and adversity, such as infertility. As I show, Islam also profoundly shapes the moral experience of IVF for Muslim couples, in ways quite different from the West. The practice of IVF in Egypt, where the dominant Sunni version of Islam is practiced, differs significantly from its practice in Lebanon, which has a Shia Muslim majority, with implications for love, marriage, and gender relations that are profound.

Notes on Love in the Middle East

It is important to begin this chapter by attempting to describe what love is and means in the Muslim Middle East, in the light of the increasing theorization and empirical investigation of this concept within the discipline of anthropology. Since the 1980s, anthropologists have increasingly taken up the topic of love, focusing primarily on so-called romantic (or passionate) love and its biological, cognitive, and social parameters (De Munck 1996). One of the major goals of this growing body of literature has been to disprove an early scholarly notion—one found within the discipline of anthropology itself—that romantic (or passionate) love could not be found in non-Euro-American contexts. Most earlier studies maintained the very ethnocentric and Eurocentric bias that romantic love “is a European contribution to world culture” (Jankowiak and Fischer 1992:149). However, William Jankowiak and Edward Fischer, in their groundbreaking cross-cultural study of romantic love in 166 societies, discovered that romantic love is a “near-universal” feature of the societies they studied, with romantic love being defined by them for the purposes of their investigation as “an intense attraction that involves the idealization of the other, within an erotic context, with the expectation of enduring for some time into the future” (1992:150). They contrasted this definition of romantic love with “the companionship phase of love (sometimes referred to as attachment) which is characterized by the growth of a more peaceful, comfortable, and fulfilling relationship; it is a strong and enduring affection built upon long term association” (150).

Such dualities are common in the scholarly literature on love. As noted by Victor De Munck (1996) in his study of love and marriage in a Sri Lankan Muslim community, anthropological studies in South Asia have tended to divide marriage into two types: “arranged” and “love” marriages. The increasing frequency and acceptability of love marriages in otherwise arranged-marriage societies throughout the region has generally been attributed to processes of social change, including industrialization, modernization, urbanization, and Westernization, all of which are seen as correlated with the decreasing importance of the joint or extended family as a corporate unit and the consequent growth of nuclear families and individual autonomy. As De Munck discovered in his own study of a Muslim community, however, “love can be accommodated to an arranged marriage model,” with many arranged marriages being, in fact, “romantically motivated” (1996:698).

This division of conjugality into two oppositional types—romantic versus companionate, arranged versus love—is inherently problematic, since many marriages around the world may combine features of both simultaneously. In the Middle East, for example, the widely held expectation is that romantic love and sexual desire will develop in time within arranged marriages, such that arranged marriages become love marriages. Furthermore, as in De Munck's South Asian example, many so-called arranged marriages in the Middle Eastern region begin with desire, longing, and sexual attraction, or, to use De Munck's term, "romantic motivation." Similarly, the romantic/companionate marriage duality is inherently problematic, in that many long-term "companionate" marriages in the Middle East are characterized by on-going "romance" and satisfying sexual lives. The assumption that romantic love somehow fades in time into a friendly—but sexually stagnant—"companionship" needs to be questioned for marriages in the Middle East, as elsewhere.

Furthermore, what Jankowiak and Fischer call "the validity of an affectionless past"—that love is a fairly recent European invention with no historical tradition outside of the West—is patently untrue. As shown by anthropologists working in non-Western societies around the world, "long traditions of romantic love" (Smith 2001:130) may be found and even valorized in many societies through fables, songs, poetry, and other forms of popular culture (Larkin 1997). In her seminal study *Notes on Love in a Tamil Family*, Margaret Trawick (1990b) shows how love saturates Tamil society in South India. Speaking of her informants' lives, Trawick writes, "They had been exposed to many formal teachings expounding upon and extolling love, and they were surrounded, filled, and made into human beings by a culture that said in a thousand ways that love was the highest good" (1990a:91).

As these studies suggest, the challenge for anthropology is to interrogate the very real possibility that love exists in "unlikely places," including, from Western eyes, the supposedly violent and loveless Middle East. Like Trawick, I argue here that, love, or *hubb* as it is called in Arabic, is a highly extolled virtue, expounded on in many formal spiritual teachings and literally saturating everyday Middle Eastern life in the realms of popular culture and actual affective relations between spouses, families, and other close kith and kin.

In terms of popular culture, the Middle Eastern region is replete, both now and in the past, with love stories in music, literature, and poetry. The most popular Arabic songs and movies depict *hubb* as involving longing, attraction, desire—often unrequited—thus leading to even more pronounced longing, attraction, and desire, as well as heartbreak and suffering. Indeed, the world of popular culture in the Middle East is profoundly imbued with *hubb*, as is the world of actual affective relations. In the Middle East, spouses, parents and children, close kin, and close friends refer to each other by the derivative term *habibi* (male) or *habibti* (female), literally translated as "my love" or "my loved one" but also glossed semiotically as "my dear" or, when between friends, "my chum." That one of the most common terms of reference in the Arabic-speaking world is derived directly from the word *hubb*, or love, reflects the importance of this emotion and its salience for connecting one into a web of deeply emotionally enmeshed relations of affection and care.

Furthermore, *hubb* is a major part of the spiritual realm in the Muslim world. In his treatise on Islamic mysticism, Alexander Knysh (2000) explains that an ascetic and mystical tradition known as sufism has been implicitly present in Islam since its very inception, eventually becoming explicit during the first Islamic centuries (the seventh and eighth centuries C.E.). Instead of focusing on the Day of Judgment and the wrath of hell, sufi mystics focused on God's limitless grace, mercy, and divine majesty. This emphasis on the "love of God" found justification in the Qur'anic verse, "He [God] loves them, and they love Him" (5:54/57). As noted by Knysh, "Inspired by this and similar verses and traditions, the early mystics began to celebrate their longing for the Divine beloved in poems and utterances of exceptional beauty and verve. It was this exalted love and longing which, in their eyes, justified the austerities to which they subjected themselves in order to demonstrate their faithfulness to the heavenly Beloved" (2000:9).

Love of an inherently loving God continues to be extolled as one of the most important elements of Islam, not only in its mystical form. The Qur'an and other Islamic scriptures, which provide behavioral and spiritual guidelines for the world's 1.3 billion practicing Muslims, describe God as loving, compassionate, and merciful, particularly toward those Muslim believers who are faithful and loving to God in return. Yet, it is important to note that love per se—including conjugal love and affection—receives no particular ideological valorization in the Islamic scriptures, although expectations of sexual fulfillment and fidelity are mandated (Musallam 1983).

Indeed, an argument can be made—as it has been—that Islam actually militates against strong, loving marriages by way of Islamic personal status laws that lead to the "fragility of marital bonds" (Charrad 2001). As Mounira Charrad convincingly argues, "Far from fostering the development of long-lasting, strong emotional ties between husband and wife, the law underplays the formation and continuity of independent and stable conjugal units. This shows in particular in the procedure to terminate marriage, the legality of polygamy, and the absence of community property between husband and wife" (2001:35). With regard to infertility, Charrad notes that the legality of polygamy allows a man to marry a second wife in the hope of having heirs, particularly sons. However, she also notes that despite Western stereotypes of widespread marital polygamy and "images of harems [that] have captured the imagination of Western observers" (38), polygamy is statistically insignificant in most Middle Eastern countries, practiced by only a few, generally less than 2 percent.

Both demographically and culturally, marriage is a highly valued and normatively upheld institution throughout the Middle East. While allowing for divorce, Islam clearly extols the virtues of marriage, regarding it as *Sunna*, or the way of the Prophet Muhammad. Thus, Middle Easterners are among the "most married" people in the world (Omran and Roudi 1993), with well over 90 percent of adults marrying at least once in a lifetime. Divorce rates are also relatively low, half the 50 percent rates found in the United States.

Furthermore, many marriages in the Middle East are characterized by what I

have termed “conjugal connectivity” (Inhorn 1996). In my own work,¹ I draw on Suad Joseph’s (1993, 1994, 1999) provocative insights on “patriarchal connectivity” in the Middle East—or the ways in which patriarchy operates through both male domination and deeply enmeshed, loving commitments between Arab patriarchs and their female and junior family members. According to Joseph, socialization within Arab families places a premium on connectivity, or the intensive bonding of individuals through love, involvement, and commitment. Joseph also notes that connectivity exists independently of patriarchy and probably occurs in most cultures in which individuation, autonomy, and separation are not valued or supported. In such cultures, perhaps especially in the Arab world, family members are generally deeply involved with each other, expecting mutual love, exerting considerable influence over each others’ lives, prioritizing family solidarity, and encouraging subordination of members’ needs to collective interests. Persons are thus embedded in familial relational matrices that shape their deepest sense of self and offer security when the external social, economic, and political situation is uncertain, as it in much of the Arab world.

While Joseph’s research focuses on the Arab family, my own work focuses on the couple, a social dyad for which there is no term in Arabic. Extending Joseph’s analysis, I suggest that the loving commitments of patriarchal connectivity, which are socialized within the Arab family, also operate in the marital sphere. In my own work in Egypt and more recently Lebanon, I suggest that both men and women, including poor men and women, are negotiating new kinds of marital relationships—relationships based on the kind of loving connectivity experienced and expected in families of origin but that has heretofore been unexpected and unexamined within the conjugal unit. That conjugal connectivity is true even among infertile Middle Eastern Muslim couples attests to shifting marital praxis and the importance of love, mutual respect, and the sharing of life’s problems even in the absence of desired children. Despite widespread expectations within the Middle East that infertile marriages are bound to fail—with men necessarily blaming women for the infertility and divorcing or replacing them if they do not produce children, especially sons—such expectations may represent indigenous stereotypes based on the aforementioned features of Islamic personal status law described by Charrad (2001). As I would argue instead, the success of so many infertile marriages in the Middle East bespeaks the strengthening of conjugal connectivity at the expense of patriarchy, which, according to my own work and that of other Middle Eastern feminist scholars, is being undermined (Inhorn 1996).

I argue that the tremendous growth of IVF clinics in this region of the world over the past two decades bespeaks the deep feelings of love, loyalty, and commitment experienced by many couples, including both husbands and wives in childless marriages. The potential of love and conjugal connectivity to shape the IVF experience, as well as the potential of IVF to transform notions of love, companionate marriage, and gender relations in the Middle East, should become abundantly apparent in this chapter on IVF in Egypt and Lebanon. Furthermore, for many poor and middle-class couples in these two Middle Eastern countries, IVF would not be

possible if it were not for the financial and emotional support of family members, who can prove their loving commitments by facilitating couples' access to IVF. In IVF clinics in Cairo and Beirut, mothers, mothers-in-law, fathers, brothers, sisters, cousins, nieces, and nephews sometimes accompany their infertile family members during IVF trials—filling waiting rooms in expectant anticipation and paying the bills on the way out. In short, the “coming out” of IVF in the Middle East over two decades has drawn the family in. Whereas IVF was deeply stigmatized and kept private by most couples only a decade ago (Inhorn 2003a), today IVF is a well-known solution for infertility that has lost much of its tabooed status, at least in urban centers. The acknowledgment of IVF as a solution for infertility has softened families' patriarchal pressure on sons to divorce their infertile wives. Furthermore, it has made IVF a “family affair” in many cases, with kin demonstrating their love for sons, daughters, sisters, and brothers through tangible aid and deeply enmeshed participation in the quest for an IVF “take-home baby.”

On Finding Love: Methods and Goals

The goal of this chapter, then, is to demonstrate the conjugal and familial love fueling the IVF industry in the Middle East, but with very different implications among Sunni and Shia Muslim couples in Egypt and Lebanon. In both countries, I have conducted qualitative, ethnographic interviews with Muslim IVF patients, both husbands and wives, now totaling nearly 400 patient couples since I began my research in Egypt in 1988. The findings presented here are based on ethnographic research carried out in 1996 and 2003 in four IVF clinics in two urban Middle Eastern locales: Cairo, Egypt, and Beirut, Lebanon. In Egypt, I spent the summer of 1996 studying 66 infertile couples attending IVF clinics in two elite suburbs of Cairo. Among 40 percent of the couples in the study, both husbands and wives participated in the interviews, agreeing to speak with me about a wide variety of issues pertaining to IVF in Egypt (Inhorn 2003a). Seventy percent of the 66 couples in my study suffered from male infertility, and in most of these cases, the husband's infertility was the sole cause of the couple's childlessness. Through this study, I obtained rich interview data on male infertility and its treatment, even though I had not originally been seeking it.

Indeed, before I began my Egyptian IVF study, I had been highly skeptical that I would be able to conduct research with infertile Middle Eastern men, given the sensitivity of the subject as well as general cultural barriers surrounding intergender communication between a female ethnographer and male informants. However, my position as a foreign female *duktura*—that is, as a knowledgeable, empathic listener, ethnically committed to confidentiality—seemed to put infertile Egyptian men at ease (Inhorn 2004b). Furthermore, Middle Eastern-born male colleagues subsequently convinced me that my gender status might, in fact, be advantageous. In their view, Middle Eastern men may be much less likely to reveal their reproductive vulnerabilities, as well as their feelings of love and compassion for their spouses, to another man, since virility and fertility are areas of intense masculine competition.

adultery, which is strictly forbidden in Islam. Although third-party donation does not involve the sexual "body contact" of adulterous relations, nor presumably the desire to engage in an extramarital affair, it is nonetheless considered by Islamic religious scholars to be a form of adultery, by virtue of the introduction of a third party into the sacred dyad of husband and wife. The very fact that another man's sperm or another woman's eggs enter a place where they do not belong makes donation of any kind inherently wrong and threatening to the marital bond.

Shia Islam and IVF

Having said this, it is very important to point out that things have changed for Shia Muslims since this global survey was published in 1997. Shia is the minority branch of Islam found in Iran, and parts of Iraq, Lebanon, Bahrain, Saudi Arabia, Afghanistan, Pakistan, and India. It has been much in the news lately because of the U.S.-led war in Iraq. Many of the Shia religious authorities support the majority Sunni view: they agree with Sunni clerics who say that third-party donation should be strictly prohibited.

In the late 1990s, however, the Supreme Jurisprudent of the Shia branch of Islam, Ayatollah Ali Hussein Khamanei, the chosen successor to Iran's Ayatollah Khomeini, issued a *fatwa* effectively permitting donor technologies to be used. Invoking the Shia practice of *mut'a*, or temporary marriage, which is forbidden in Sunni Islam, Ayatollah Khamanei stated in his *fatwa* that donation "is not in and of itself legally forbidden," as long as egg donors are taken as temporary wives. He stated, furthermore, that both donors and infertile parents must abide by the religious codes regarding parenting. Thus, the child of the donor has the right to inherit from him or her, because the infertile parents are considered to be like "adoptive" parents.

The situation for Shia Muslims, however, is actually much more complicated than this. Because Shia practice a form of individual religious reasoning known as *ijtihad*, various Shia clerics have come to their own conclusions regarding the rightness or wrongness of sperm and egg donation. Even among those who accept the idea of donation, there are major disagreements about (1) whether the child should follow the name of the infertile father or the sperm donor; (2) whether donation is permissible at all if the donors are anonymous; and (3) whether the husband of an infertile woman needs to do a temporary *mut'a* marriage with the egg donor, then release her from the marriage after the embryo transfer, in order to avoid *zina*, or adultery. However, because a married Shia Muslim woman cannot marry another man other than her husband (i.e., polyandry is not allowed in the Muslim world), she cannot do a *mut'a* marriage with a sperm donor. Technically, the child born of a sperm donor would be a *laqit*, or an out-of-wedlock child, without a family name and without a father. Thus, in theory, to avoid the implications of *zina*, or adultery, only widowed or otherwise single women should be able to accept donor sperm. In the Muslim countries, however, single motherhood of a donor child is unlikely to be socially acceptable.

Married infertile Shia couples who are truly concerned about carrying out third-party donation according to religious guidelines find it difficult to meet these various requirements. This difficulty is especially true of sperm donation, which was officially outlawed in Iran in 2003, despite Ayatollah Khamanei's permissive *fatwa* (Tremayne 2005). Nonetheless, in the Shia Muslim world, including in Iran and in Lebanon, at least some Shia couples are beginning to receive donor gametes, especially donor eggs and embryos, and are donating their gametes to other infertile couples. For infertile Shia couples who accept the idea of donation, the introduction of donor technologies has been described as a "marriage savior," helping to avoid the "marital and psychological disputes" that may arise if the couple's case is otherwise untreatable.

In Lebanon, the recent Shia *fatwas* allowing egg donation have been a great boon to marital relations. There, infertile couples are signing up on waiting lists at IVF clinics to accept the eggs of donor women. Some of these donors are other Shia IVF patients, some are friends or relatives, and some are young American women, who are being recruited to Lebanon to anonymously donate their eggs to religiously conservative Shia couples—who, in fact, may belong to Lebanon's Hizbullah political party, which is officially described by the U.S. administration as a terrorist organization! In other words, the ironies of global reproductive technoscapes are becoming increasingly surreal in this politically charged new millennium.

Love, Marriage, and Gender Relations

But where does this leave infertile Sunni Muslim couples, as well as those Shia couples who do not accept the idea of third-party gamete donation? Their firm conviction that parenthood of a "donor child" is an impossibility is clearly linked to the legal and cultural prohibitions against adoption throughout the Muslim world. The Islamic scriptures, including the Qur'an, encourage the kind fostering of orphans but do not allow legal adoption as it is known in the West. As a result, few Muslim IVF patients, both Sunni and Shia, will contemplate adoption, stating with conviction that it is "against the religion" and that they could never feel appropriate parental sentiments for either an adopted or a donor child.

In the absence of adoption and gamete donation, infertile Muslim couples have no choice but to turn to IVF and other new reproductive technologies to solve their infertility problems using their own gametes. Because Middle Eastern societies are pronatalist—they highly value children for numerous reasons and expect all marriages to produce them—the notion of a married couple living happily without children is unthinkable. Children are desired from the beginning of marriage in most instances, and are usually loved and cherished once they are born (Inhorn 1996).

As a result, childless couples are often under tremendous social pressure to conceive. In the Muslim world, infertile women may live in fear that their marriages will "collapse," for, as noted earlier, Islamic personal status law considers a wife's barrenness to be a major ground for divorce. Although Islam also allows women to divorce if male infertility can be proven, a woman's initiation of court-ordered

divorce continues to be so stigmatizing that women rarely choose this option unless their marriages are truly unbearable (Inhorn 1996, 2003a).

Ironically, however, the emergence of an otherwise revolutionary new IVF technology called intracytoplasmic sperm injection, or ICSI, has increased the potential for divorce in the Muslim Middle East (Inhorn 2003a). With ICSI, infertile men with very poor sperm profiles—even azoospermia, or lack of sperm in the ejaculate—are now able to produce biological children of their own. As long as a single viable spermatozoon can be retrieved from a man's body, including through painful testicular aspirations and biopsies, this spermatozoon can be injected directly into the ovum under a high-powered microscope. What ICSI requires, then, is high-quality ova, despite low-quality sperm. However, the wives of many of these men, who have "stood by" their infertile husbands for years, even decades in some cases, may have grown too old to produce viable ova for the ICSI procedure. In the absence of adoption or of any kind of egg donation, infertile Muslim couples with a reproductively elderly wife face four difficult options: (1) to remain together permanently without children; (2) to legally foster an orphan, which is rarely viewed as an acceptable option; (3) to remain together in a polygynous marriage, which is rarely viewed as an acceptable option by women themselves; or (4) to divorce so that the husband can have children with a younger wife.

Because of the Sunni Islamic restrictions on the use of donor eggs, at least some Muslim men are choosing to divorce or take a second wife, believing that their own reproductive destinies lie with younger, more fertile women. However, in my research in both Egypt and Lebanon, the first option has proven to be much more common: Infertile husbands and their 40-something wives often love each other deeply and remain together in long-term marriages without producing any children. Thus, divorce is not the immediate consequence of infertility that it is stereotypically portrayed to be, including in the new era of ICSI.

These technologies seem to be giving infertile couples, both Sunni and Shia Muslims, new hope that their infertility problems can be overcome, thereby increasing sentiments of conjugal love and loyalty. Indeed, I have always been struck by the tremendous amounts of love and commitment displayed by Muslim women to their long-term infertile husbands, and this has been a major theme of two of my books on Egypt (Inhorn 1996, 2003a). But I was equally impressed in 2003, when I interviewed men alone for the first time—including 100 healthy, fertile Lebanese, Syrian, and Palestinian men who were married to infertile women. Over and over, men told me that they loved their infertile wives and would never consider divorcing them, even if it meant living a life without children. When I asked men routinely, "Is this your first marriage?" the most common response was "the first *and* the last," with some men adding emphatically, "I love my wife. She is a good person." For some of these fertile Muslim men, loving one's infertile wife meant taking the plunge into the brave new world of donor technologies. Thus, I met several couples who were in the midst of receiving donor eggs, as well as several husbands who asked me whether I could help them find a donor for their wives.

Stories of Love in the Era of Middle Eastern IVF

To enliven this discussion of love and connectivity in the Muslim Middle East, I present several brief stories of infertile Muslim couples, all of them seeking IVF in Lebanon.³ The stories were selected to demonstrate both marital and familial commitments, often in cases of long-term, intractable infertility. Furthermore, the stories were chosen to reflect differences in social class, regional backgrounds, and male versus female infertility. Most important, two of the couples described are Sunni Muslims and two are Shia Muslims. The differences between these two religious sects should stand out in the IVF experiences of these four couples. The solutions they pursue—often in the midst of considerable adversity and moral uncertainty—should demonstrate the degree of conjugal connectivity found among many infertile couples in the Muslim Middle East as they consider their difficult options. In short, these stories highlight the fact that love among infertile Muslim spouses is the norm among couples in the Middle East, who search for ways to overcome their infertility, including through recourse to globalizing reproductive technologies.

Ibrahim and Mayada

I interviewed Ibrahim on February 23, 2003, in a private Beirut IVF clinic serving a largely working-class, southern Lebanese Shia clientele. Ibrahim himself is Sunni, the eldest son of a Lebanese father and a Palestinian mother. He was pulled out of school in third grade to work in his father's carpentry shop and to help support the other eight children. Having come from a "huge" family, Ibrahim deeply desires his own children, explaining to me, "There is no family without children. I want children *a lot, a lot, a lot!* I'm the eldest, and I raised my brothers and sisters. And the eldest is supposed to have children. It is the traditional way." Thus, it grieves the handsome, olive-skinned, green-eyed Ibrahim that his beautiful wife of eight years, Mayada, has been unable to have children.

Over the course of their marriage, Ibrahim and Mayada have visited many doctors. "Some said the problem is hormones, and some said her ovaries are not so good," Ibrahim explained. Like many men married to infertile women, Ibrahim also accepts partial responsibility for the childlessness, insisting that he once suffered from a low sperm count for which he was given pharmaceutical treatments. However, his current spermogram is perfectly normal, and his physician is convinced that Ibrahim is healthy and fertile.

Like many infertile women in the Middle East, Mayada feels responsible for depriving Ibrahim of his rightful children, and she has encouraged him to divorce her. As Ibrahim explained, "She told me, 'If you want to get married [again], please go. But I said, 'No, never! And don't speak like this anymore. This is our fate [*nasib*] from God, and if God gives us a child, okay, and if not, okay, too. I want only you. I have both love and faith.'"

Mayada's friend delivered a beautiful IVF daughter after many years of childlessness and told Mayada that she and Ibrahim should come to the Beirut IVF clinic.

! Part II: Love, Sex, and the Social Organization of Intimacy

Mayada asked Ibrahim whether he wanted to do this and he agreed. According to Ibrahim, "We came directly." However, the \$5,000 required for one cycle of IVF was an exorbitant amount for a poor Lebanese carpenter. During the interview, Ibrahim kissed the back of his hand and then placed it on his forehead to show his gratitude to God. He explained how his large Lebanese family rallied to raise the necessary money, and how Mayada's brothers helped them financially as well. "All of them know, on both sides," he explained. "If we didn't tell them, all the family will be upset, asking, 'Why didn't you tell us?' So we cut the road short. Like any operation, it's a little expensive, and we needed their help. But I will pay them back."

When I asked Ibrahim if he had any religious concerns about IVF, he answered immediately, "In the religion, it [IVF] is permitted [*hallal*]. God allowed us to do it, because it is from the husband and the wife. But I would refuse to take sperm from another man—*never!* Nor egg donation. Why take something from a strange body to put it inside my wife?"

Ibrahim is hoping for twins from their first IVF trial and claims that he ultimately wants "a football team!" However, he has not ruled out adoption, even though he knows it is "against the religion." As he explained, "If there is no way to get her pregnant, and she wants to have [an adopted child], I would do it for her. Only if *she* wants to have a child to raise it, then I will do it for her."

Fortunately for Ibrahim and Mayada, their first trial of IVF was more than they had ever hoped for. When I left Lebanon, a very pregnant Mayada was on bedrest in American University Hospital in Beirut, being carefully monitored with triplets.

Karim and Mona

At the same Beirut IVF clinic, I met Karim and Mona, a truly handsome, self-ascribed "career couple" who, like many Lebanese migrant-entrepreneurs, owned a successful graphics company in West Africa. Mona's family had migrated there during the Lebanese civil war, following an explosion that cost Mona the three middle fingers of her right hand. Karim's family, concerned for his safety in a country where most young men were being recruited into warring militias, sent Karim to the United Arab Emirates to wait out the war years. There, Karim was very sexually active and entered two brief and unsuccessful marriages with European women. As an educated, secular Shia Muslim, Karim says he feels no particular guilt about his early sexual exploits and heavy drinking, although he does worry that too much sex with several hundred women affected his sperm count. Karim has severe oligospermia, or a very low sperm count, which makes it quite unlikely that he can impregnate Mona, who has been proven fertile through a variety of diagnostic tests.

As Karim explained, "Actually, we have in our tradition, if we don't have kids, they always look to the woman. They blame the woman. So the first thing I did, when I got the news, was telling my mom. 'We may have kids, we may not. But it's *me*—my problem.' As always, she prayed to see my kids, but she died last August." Tearing up, he added, "For me, it's very sad, because we were *very* close."

On his part, Karim ardently desires children, saying he has wanted a family most

of his life. "I adore kids," he stated. "I really love kids. Even when I was a young boy, I always took care of kids. I always liked to play with them."

As for Mona, she says that she is "not caring" whether she and Karim have children. "If it happens, it happens," she explained. "Really, we work, and we're very busy. *Maybe* if I'm sitting at home doing nothing, I'd feel differently. But to be frank, if it doesn't happen, it doesn't happen. Even when I have my period, I am never crying or getting depressed. I'm not going to kill myself. We've been married for six years, and we love each other, and we have a good life. That's enough for me."

At this point, Mona left the room to meet with their IVF physician, who had already seen them through two unsuccessful trials of ICSI. Altogether, Mona and Karim have undertaken four trials of ICSI, including two that succeeded but were followed by miscarriages. Karim continued the interview, stating, "Honestly, I told [the doctor] if this time it didn't happen, I wouldn't be capable of doing it again. It's not a matter of money. When we travel, we come [to Lebanon] on a holiday. But we spend the month here between doctors and injections. We became tired and exhausted, really. So, from my end, I would say, yes, I would stop with this one. But I don't know what Mona thinks. I know she wants kids, but she's not trying to let it even bother her. But deep inside, I'm sure she's thinking about having a baby."

When I asked Karim about adoption, he responded readily, "Adoption, that's one solution. We did actually think about it. We said if we don't succeed [with ICSI], we should go for adoption, here most probably [in Lebanon]. I mean, we know it is not really something they would advise or agree on in our religion. You should not give the kid your name, and at a certain age, you should inform the child [about the adoption]. But it's a possibility for us if this time [ICSI] fails."

Two weeks after the interview, I saw Karim and Mona at the IVF clinic, where a post-ICSI pregnancy test revealed a negative result. Calm and collected, they were about to return to Africa, where the future of their loving marriage seemed certain, despite their ongoing childlessness.

Abbass and Hanaa

On a busy May day at the same IVF clinic, I met Abbass and Hanaa, a young couple from the predominantly Shia city of Baalbek, which had been a Hizbullah stronghold during the Lebanese civil war. There, Abbass worked as a police officer, although he was studying at night to become a lawyer. Married to his first cousin Hanaa, Abbass has assumed the responsibility for the infertility, undergoing repeated sperm tests showing "borderline" results. Highly intelligent and self-taught in English, Abbass attributes his sperm problems to his psychological depression, about which he spoke freely. "I think that there is a main reason for the quantity and quality problems," he said. "It's mainly the quantity of sperm. And it is depression—it affects the number of sperm. I think this is the main reason." When I asked him about the source of his depression, he continued, "It's most kinds of depression—economic, my living situation, in general. It's stress. [The doctor] told me my [variable] sperm counts depend on my mood. And I think my bad mood is

permanent!" he laughed. "After 1996 exactly, the economic situation [in Lebanon] has gotten bad, and also I have a problem in my family. My mother and father got divorced; they split in 1991, but the real divorce was in 1994. And because I'm the only man, the only son, I'm taking care of my mother and my sisters. I have three sisters, and my father doesn't support them. And now he's asking me to support him!"

In addition to these life stresses, Abbass and Hanaa have undergone a reproductive rollercoaster. Early in their marriage, Hanaa experienced two ectopic pregnancies, the second one of which almost killed her and required an emergency surgery. Since then, Hanaa has suffered from tubal infertility and requires IVF to become pregnant. Their first trial of IVF was covered by insurance from the Lebanese Order of Police but was unsuccessful. To finance their second IVF cycle, Abbass has had to take a loan against his future retirement benefits. Because the loan amount was not enough to cover the entire operation and medications, Hanaa was in the process of selling her bridal gold at the time I met them.

Fortunately for Hanaa and Abbass, Hanaa produced many eggs during her second IVF trial, and Abbass was clearly delighted when his sperm count was normal on the day of fertilization. Because Hanaa produced so many eggs, the IVF physicians asked the couple whether they were willing to donate excess eggs to other infertile couples on the donor-egg waiting list at the clinic. As Shia Muslims who follow the spiritual guidance of Ayatollah Khamanei in Iran, Abbass and Hanaa were willing to donate, once they received permission to do so from Ayatollah Khamanei's branch office in Beirut. Of the 30 eggs harvested from Hanaa's ovaries, 19 were kept by Abbass and Hanaa for their own use, and 11 were donated to other couples. Only seven of Hanaa's 19 eggs fertilized; five were implanted as embryos in her uterus, and two embryos were frozen for future use.

When I saw Abbass and Hanaa at the clinic on the day of embryo transfer, they were beaming. A broadly smiling Abbass had his arm around his small, plain wife, who was dressed in a black veil and a pretty blue-flowered jacket. When Hanaa left to begin preparations for the embryo transfer, Abbass told me about his feelings for his wife, whom he clearly loves and admires. "You know, here, most people don't have this kind of information about infertility. Especially in the older generation, when a man and woman get married and there are no children for five years, they always blame the woman, and they tell him to go get married to another. But my mother, she *never* asked or said one word. She said, 'Live your life. As long as you are happy with your wife, and everything is good, don't worry yourself about this.' And so I take her advice about this. I don't get stressed. And my wife, she is a real good one—a very strong person. She is a believer, and she has hope. She is optimistic, not pessimistic. She is optimistic that she will have children, and I think this attitude will help us to succeed."

Unfortunately for Abbass and Hanaa, none of their five embryos implanted. Furthermore, all of the eggs that Hanaa donated failed to lead to pregnancies in other couples. According to the IVF physicians, the issue of poor egg quality makes the likelihood of a future IVF pregnancy for this couple slim. Because Abbass and

Hanaa know that adoption is forbidden in Islam, they will not contemplate this as a route to parenthood. Thus, one can only hope that their strong marriage and religious faith will keep them together, since their dreams of biological parenthood may never become reality.

Hatem and Huda

I met Hatem and Huda at another hospital-based IVF clinic in Beirut, which catered to all of the religious sects found in multisectarian Lebanon. However, Hatem and Huda were not Lebanese; they had traveled from rural Syria to Beirut to undergo a trial of IVF. Like most of the Syrian medical migrants I met in my study, Hatem was convinced that Lebanese IVF clinics were superior to the fledgling clinics in neighboring Syria. Thus, he had been bringing his wife to Beirut for IVF over six years. Hatem had another reason for bringing Huda to Lebanon: There, they could access donor eggs, which were unavailable in the Sunni-dominant country of Syria, where third-party gamete donation is strictly prohibited.

Double first cousins married for 17 years, Hatem and Huda clearly love each other, despite the perplexing dilemma of her premature ovarian failure. Although Huda was only 36 at the time of our interview, she had entered menopause in her twenties and required hormonal stimulation followed by IVF in order to achieve a pregnancy. After five unsuccessful trials of IVF, the IVF physicians recommended egg donation as the most likely successful option. As Sunni Muslims, Hatem and Huda knew that egg donation was forbidden in the religion. Yet, they rationalized their use of donor eggs in a previous IVF cycle in the following way, "As long as the donor agrees," Hatem said, "then this would reduce the forbiddenness [*haram*] based on our religion. Because she, the donor, is in need of money, she gave nine to 10 eggs, and the doctor divided the eggs between that couple and us. We took five, and that couple, who were recently married, took five. And I personally entered into the lab to make sure that *my* sperm were being used. It's okay because it's *my* sperm."

Indeed, Huda became pregnant with donor twins, a male and a female, in 1999. At six months and 17 days of pregnancy, she began to miscarry, and Hatem rushed her to a hospital in Syria. As Hatem recounts, "They opened her stomach [by cesarean], and there were twins, who still lived for 48 hours. They had lung deficiency because they were little and not fully developed. The girl died twelve hours before the boy."

After this traumatic experience, Huda no longer accepts the idea of egg donation. According to Hatem, who spoke for Huda as she sat quietly in the room, "She was tortured [during the pregnancy]. She stayed four months vomiting whatever she ate, and she lost weight—from 194 pounds to 121 pounds. And she was under a lot of stress because of our social environment in Syria. In our [farming] community, they stare at babies and see if they resemble the mother and father. We are not living in a city of 4–5 million. We are in a closed community of 15,000 people. And so, the first time, when we had twins, they did a blood test and everyone was surprised. Their blood group was AB, and it didn't match ours. Now everyone will *really* ex-

amine the personal traits of this [donor] baby if we do it again. They will look at us suspiciously. Not the doctors; they keep everything confidential. But people in the community who might come to visit and look at us curiously.”

For his part, Hatem is willing to accept donor eggs again and has already made inquiries about finding another donor in Syria. On the day of our interview, we also spoke about the possibility of finding a willing donor within the Beirut IVF clinic. Hatem sees no other way to achieve parenthood, because he loves his wife and refuses to divorce her. Although Hatem is an affluent farmer from a large family of 20 children (by one father and three co-wives), he continues to resist all forms of social pressure to divorce or marry polygynously. His commitment, he says, is based on his deep love for Huda. As he told me, “Had I not loved her, I wouldn’t have waited for 17 years. I would have married another. By religious law, I can remarry, but I don’t want to.”

He continued, “She told me I should marry another woman, and she even offered or suggested that she would get me engaged, because we’re already old. We’ve reached middle age without kids. We’re living in a large family with six of my brothers, and they all have children. That’s why she’s feeling very depressed and very angry that she’s alone without children, although she’s always surrounded by children. But, of course, she keeps these feelings to herself.”

He finished, “The love between us—I love her *a lot*. I was the one who considered going for IVF, for her sake. But we must keep it secret, because if my parents knew about us having an IVF child, the child would be marginalized and living a lonely life. So we keep everything secret, and we just mention to our families that she’s receiving treatment.”

As in so many IVF stories, Huda and Hatem were ultimately unsuccessful in their seventh attempted IVF trial. Huda’s own eggs failed to mature under hormonal stimulation, and no egg donors were currently available at the clinic. Thus, Hatem and Huda returned home quietly to Syria, with little remaining hope of achieving parenthood, but with the love that had kept them together for nearly 20 years.

Conclusion

As these stories show, love and marital commitment generally characterize the IVF quests of infertile Muslim couples in the Middle East. Without this love, marriages might terminate under Islamic personal status laws, making IVF essentially unnecessary. Thus, the tremendous growth of the IVF industry in the Muslim Middle East is a testament to loving commitments not only among infertile couples but among their concerned family members.

Differences in Muslim couples’ responses to IVF, however, emerge along religious lines, particularly according to sect. In the Sunni Muslim world, the use of IVF and ICSI—with the simultaneous prohibition on donor gametes—has clearly led to an entrenchment of deeply held religious beliefs about the importance of marriage, which no third party should tear asunder. Furthermore, the Sunni proscriptions against third-party donation represent, in some sense, the materialization of

conjugal connectivity and the literal embodiment of emotion, in that love of one's partner—including his or her gametes—must prevail over the desire to have children “by any means.” In this light, donor technologies represent a betrayal of sorts, a confession that having children is more important than loving one's infertile spouse. For this reason, donor gametes continue to be shunned in the Sunni Muslim world, with donation itself equated to *zina*, or adultery.

Yet, the globalization of these technologies to other parts of the Shia world has fundamentally altered understandings of what love means within a marriage and the ways that marriages might be saved through the uses of assisted reproductive technologies. Shia men and women—but Shia men in particular, who may be pressured by society at large to divorce infertile or otherwise reproductively “elderly” wives—are clearly reassessing their marital options in cases of childlessness. For Shia men, choosing donor egg technologies “out of love” for their wives has emerged as a new possibility. It is a possibility that bespeaks a new kind of marital love and commitment—of loving a wife “so much” that a man must make considerable financial and emotional sacrifices for her, even accepting the eggs of another woman for her to experience the joys of pregnancy and motherhood. Such loving sacrifices have been facilitated by the frankly “adventurous” attitude of otherwise conservative, male Shia religious leaders, who themselves view third-party donation as a “marriage savior.”

In IVF clinics in Lebanon (as well as Iran), there is now a veritable clamoring for donor eggs among childless Shia couples. Furthermore, in multi-sectarian Lebanon, the recipients of these donor eggs are not necessarily only Shia Muslim couples. Indeed, some Sunni Muslim patients from Lebanon and other Middle Eastern Muslim countries (as well as Christians of all sects) are quietly “saving their marriages” through the use of donor gametes, thereby secretly “going against” the dictates of Sunni Muslim orthodoxy. The transformative possibilities of assisted reproductive technologies in the realms of Middle Eastern marriage and love were probably never imagined when these technologies first arrived in the Middle East 20 years ago. But conjugal love itself is changing as these technologies continue to evolve in the region.

As the assisted reproductive technologies become further entrenched in the Muslim world, and additional forms of global reproductive technology become available, it is important to interrogate new local moral dilemmas, as well as new manifestations of love and conjugal connectivity that are likely to arise in response to this variant of globalization. The pace of change evident in the production of new reproductive technologies themselves—as highlighted in the recent *Nova* special called “18 Ways to Make a Baby”—as well as the rapid spread of these technologies into far reaches of the non-Western world is, indeed, striking. Thus, as one science and technology studies scholar, David Hess rightly observes, “Anthropology brings to these discussions a reminder that the cultural construction of science is a global phenomenon, and that the ongoing dialogue of technoculture often takes its most interesting turns in areas of the world outside the developed West” (1994:16).

In conclusion, my own medical anthropological research carried out in Sunni-dominant Egypt and Shia-dominant Lebanon has explored the implications of IVF

globalization for Muslim marriages in a part of the world that is still described by some Middle Eastern feminist theorists as “one of the seats of patriarchy” (Ghousoub and Sinclair-Webb 2000:8). Although the Sunni Muslim ban on third-party donation may be particularly disadvantageous to women—as some infertile men begin to divorce their reproductively elderly wives to try the newest variant of ICSI with younger, more fertile women—the patriarchal consequences of divorce and social devastation are not the inevitable consequences of infertility for Muslim women that they are stereotypically portrayed to be. Rather, as my research has shown, patriarchy is being undermined by infertile couples themselves, who are choosing to remain in long-term, loving marriages, even in the absence of children. The new assisted reproductive technologies, particularly donor-egg technologies, are enhancing this love by providing hope of technological salvation. Furthermore, with the introduction of these new reproductive technologies, particularly ICSI for male infertility, families can prove their loving commitments by supporting the IVF and ICSI quests of their sons, daughters, siblings, and cousins. As shown in some of the stories above, IVF in Lebanon is truly a family affair, with parents in particular demonstrating their love and concern for infertile offspring through financial aid and emotional succor.

Ultimately, then, it should come as no surprise that the Middle Eastern IVF industry is flourishing. Indeed, when all is said and done, it is the love among committed infertile Muslim couples that has brought this industry to the Middle East. And it is this conjugal love—now aided and abetted by familial love and enmeshment—that will keep the IVF industry alive in this region as it faces a troubled new millennium.

Acknowledgments

I want to express my gratitude to the numerous men and women in Egypt and Lebanon who spoke to me about their infertility, IVF experiences, and marital lives. I also owe a debt of gratitude to numerous IVF physicians in both countries, who welcomed me into their clinics. In Lebanon, the American University of Beirut provided me and my family with a fine home and institutional affiliation, particularly during the unsettling initiation of a U.S.-led war in Iraq. This research was generously supported by the National Science Foundation and the U.S. Department of Education Fulbright-Hays Program. I want to thank Nina Kohli-Laven for bibliographic assistance. I thank Mark Padilla for inviting me to participate in this seminal volume.

Notes

1. Over the past 20 years, I have been writing about infertility and assisted reproductive technologies in the Middle East (Inhorn 1994, 1996, 2003a). In recent years, I have turned my attention to male infertility in the era of the new reproductive technology ICSI (see, for example Inhorn 2002, 2003b, 2004a).

2. The option to be tape-recorded was presented to each informant on the written informed consent form. Most informants asked about this, and when I told them it was not necessary to tape-record the interview, they uniformly declined, usually with visible relief. This "tape-recorder-less" strategy, which I have used in most of my interviews in both Egypt and Lebanon, requires me to take almost verbatim, shorthand notes, which I learned through a previous career as a journalist.
3. All names are pseudonyms.

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 2004a *Middle Eastern Masculinities in the Age of New Reproductive Technologies: Male Infertility and Stigma in Egypt and Lebanon*. *Medical Anthropology Quarterly* 18(2):162–182.

LOVE AND GLOBALIZATION

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Miguel Muñoz-Laboy, Robert E. Sember,
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(2007)*

**Vanderbilt University Press
Nashville**